

**TOWN OF ARLINGTON**



**Recreation Department**

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**EMPLOYMENT/VOLUNTEER APPLICATION**

THE TOWN OF ARLINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

NEW APPLICANT

RETURNING APPLICANT

DATE OF APPLICATION\_\_\_\_\_

LAST NAME\_\_\_\_\_ FIRST NAME\_\_\_\_\_

D.O.B.\_\_\_\_\_ SOCIAL SECURITY #\_\_\_\_\_

(optional- will be required upon employment)

ADDRESS\_\_\_\_\_ TOWN,STATE,ZIP\_\_\_\_\_

PHONE\_\_\_\_\_ E-MAIL ADDRESS\_\_\_\_\_

APPLYING FOR POSITION OF\_\_\_\_\_

Would you be interested in another position if the position for which you are applying is not available? \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL\_\_\_\_\_ YEAR OF GRADUATION\_\_\_\_\_

COLLEGE\_\_\_\_\_ YEAR OF GRADUATION\_\_\_\_\_

MAJOR\_\_\_\_\_

EXTRACURRICULAR ACTIVITIES\_\_\_\_\_

**QUALIFICATIONS:**

**What type of recreational work have you done previously? (please list specifics)**

<i>EMPLOYER</i>	<i>TITLE</i>	<i>DUTIES</i>	<i>DATES EMPLOYED</i>
_____	_____	_____	_____
_____	_____	_____	_____

**What experience do you have in working with children? How many years experience total?**

\_\_\_\_\_

**What activities are you capable of leading?**

\_\_\_\_\_

**What other types of employment have you held (aside from recreation experience)?**

<i>EMPLOYER</i>	<i>TITLE</i>	<i>DUTIES</i>	<i>DATES EMPLOYED</i>
_____	_____	_____	_____

**Please list any other information about yourself that you would like us to know:**

**Please circle any of the following current qualifications you have:**

CPR      FIRST AID      LIFEGUARD      WSI      OTHER \_\_\_\_\_

## **GENERAL INFORMATION**

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**Do you have any relatives already employed by the Town of Arlington?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Name(s) \_\_\_\_\_

**In the past five years have you been imprisoned, on probation or fined for any violation of any law or ordinance (except parking violations)?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
(A record of conviction is not an automatic bar to employment)

## Are you a United States Citizen?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, type of visa or type of work permit \_\_\_\_\_

## Do you hold a Massachusetts Drivers License?

**REFERENCES:** (Please list three adults, other than members of your family)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**STATEMENT:**

The following statement *must* be read and *signed* in order for your application to be accepted and considered. I understand that employment with the Town of Arlington depends upon the result of satisfactory replies from my references, past employers and a favorable report on my physical examination, should one be requested; the satisfactory completion of a probationary period and a Civil Service appointment if applicable.

I hereby certify that my application form and any attachments to it contain no false information and are complete to the best of my knowledge. I am aware that if an investigation reveals misrepresentation or falsification, my application will be rejected, my name will be removed from any registers or lists, and if already employed, I may be immediately dismissed, and I may be disqualified from applying for any position with the Town of Arlington in the future. I hereby release any person or firm from any and all liability for damages pertaining to information supplied during the investigation of and processing of this application.

Signature of Applicant (do not print)

Date

**FOR OFFICE USE ONLY**

Interview Date \_\_\_\_\_ Time \_\_\_\_\_ Interviewer \_\_\_\_\_

Program Area: Position Rate

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## Dates Unavailable

### Comments: